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AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

## UNITED STATES DISTRICT COURT

for the

SOUTHERN DISTRICT OF NEW YORK

JOSE HEBERTO ALVAREZ DENIS

Plaintiff/Petitioner

v.

UNITED STATES OF AMERICA

Defendant/Respondent

Civil Action No. 1:15-CR-00632-JGK

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Long Form)

## Affidavit in Support of the Application

## Instructions

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Jose Heberto Alvarez Denis

Date:

10/26/2022

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0.00	\$	\$	\$
Self-employment	\$ 0.00	\$	\$	\$
Income from real property (such as rental income)	\$ 0.00	\$	\$	\$
Interest and dividends	\$ 0.00	\$	\$	\$
Gifts	\$ 1,373.53	\$	\$	\$
Alimony	\$ 0.00	\$	\$	\$
Child support	\$ 0.00	\$	\$	\$

APPLICATION GRANTED  
SO ORDERED

11/15/22

John G. Koeltl

John G. Koeltl, U.S.D.J.

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Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 0.00	\$	\$	\$
Unemployment payments	\$ 0.00	\$	\$	\$
Public-assistance (such as welfare)	\$ 0.00	\$	\$	\$
Other (specify):	\$ 0.00	\$	\$	\$
<b>Total monthly income:</b>	<b>\$ 1,373.53</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
	N/A		\$
	N/A		\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
	N/A		\$
	N/A		\$
			\$

4. How much cash do you and your spouse have? \$ 153.58

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
	N/A	\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ 0.00
Other real estate (Value)	\$ 0.00
Motor vehicle #1 (Value)	\$ 0.00
Make and year: N/A	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year: N/A	
Model:	
Registration #:	
Other assets (Value)	\$ 0.00
Other assets (Value)	\$ 0.00

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$ 0.00	\$
	\$ 0.00	\$
	\$ 0.00	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
	N/A	

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)		
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0.00	\$
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0.00	\$
Home maintenance (repairs and upkeep)	\$ 0.00	\$
Food	\$ 125.00	\$
Clothing	\$ 0.00	\$
Laundry and dry-cleaning	\$ 0.00	\$
Medical and dental expenses	\$ 0.00	\$
Transportation (not including motor vehicle payments)	\$ 0.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's: N/A	\$ 0.00	\$
Life: N/A	\$ 0.00	\$
Health: N/A	\$ 0.00	\$
Motor vehicle: N/A	\$ 0.00	\$
Other: N/A	\$ 0.00	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0.00	\$
Installment payments		
Motor vehicle: N/A	\$ 0.00	\$
Credit card (name): N/A	\$ 0.00	\$
Department store (name): N/A	\$ 0.00	\$
Other: N/A	\$ 0.00	\$
Alimony, maintenance, and support paid to others	\$ 0.00	\$

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Regular expenses for operation of business, profession, or farm ( <i>attach detailed statement</i> )	\$ 0.00	\$
Other ( <i>specify</i> ): N/A	\$ 0.00	\$
<b>Total monthly expenses:</b>	<b>\$ 125.00</b>	<b>\$ 0.00</b>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ 0.00

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

I have been incarcerated for many years, the income I receive pertains from family gifts only. Becasue of my incarcerated status I can not generate any income.

12. Identify the city and state of your legal residence.  
New Jersey, New York.

Your daytime phone number: \_\_\_\_\_

Your age: 52 Your years of schooling: 12



Max Allowed Deduction %: 100  
PIN: 3115  
PAC #: 378787186  
Residence Date: 365  
FEP Participation Status: No Obligation  
Arrived From:  
Transferred To:  
Account Creation Date: 7/6/2022  
Local Account Activation Date: 7/7/2022 4:17:51 AM  
Son Codes:  
Last Account Update: 10/20/2022 12:58:40 PM  
Account Status: Active  
Phone Balance: \$0.00

#### Pre-Release Plan Information

Target Pre-Release Account Balance: \$0.00  
Pre-Release Deduction %: 0%  
Income Categories to Deduct From: ☒ Payroll ☒ Outside Source Funds

#### FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
---------------	-----------------	---------------

#### Account Balances

Account Balance:	\$153.58
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00

## FSA Time Credit Assessment

Register Number: 62211-054, Last Name: ALVAREZ DENIS

## FEDERAL BUREAU OF PRISONS

## U.S. DEPARTMENT OF JUSTICE

Register Number.....: 62211-054	Responsible Facility: FTD
Inmate Name	Assessment Date.....: 10-09-2022
Last.....: ALVAREZ DENIS	Period Start/Stop...: 04-11-2019 to 10-09-2022
First.....: JOSE	Accrued Pgm Days.....: 0
Middle.....: HEBERTO	Disallowed Pgm Days...: 0
Suffix.....:	FTC Towards RRC/HC...: 0
Gender.....: MALE	FTC Towards Release...: 0
Start Incarceration: 04-11-2019	Can Apply FTC.....: No

Start	Stop	Pgm Status	Pgm Days
04-11-2019	10-09-2022	ineligible	0

FSA ineligible


Facility Category	Assignment	Start	Stop
FSA	FTC INELIG	10-29-2019 0947	CURRENT



Inquiry From: ☐ General Information ☐ Account Balances ☐ Commitment History ☐ Contribution History

**General Information**

Administrative Hold Indicator: No  
 No Power of Attorney: No  
 Never Waive NSF Fee: No  
 Max Allowed Deduction %: 100  
 PIN: 3315  
 PAC #: 378787386  
 Revalidation Date: 6th  
 FRP Participation Status: No Obligation  
 Arrived From:  
 Transferred To:  
 Account Creation Date: 7/6/2022  
 Local Account Activation Date: 7/7/2022 4:17:51 AM

Sort Codes:   
 Last Account Update: 10/20/2022 12:58:40 PM  
 Account Status: Active  
 Phone Balance: \$0.00

**Pre-Release Plan Information**

Target Pre-Release Account Balance: \$0.00  
 Pre-Release Deduction %: 0%  
 Income Categories to Deduct From: ☒ Payroll ☐ Outside Source Funds

**FRP Plan Information**

FRP Plan Type	Expected Amount	Expected Rate
<b>Account Balances</b>		
Account Balance:	\$153.58	
Pre-Release Balance:	\$0.00	
Debt Encumbrance:	\$0.00	
SPO Encumbrance:	\$0.00	
Other Encumbrances:	\$0.00	
Outstanding Negotiable Instruments:	\$0.00	
Administrative Hold Balance:	\$0.00	
Available Balance:	\$153.58	
Maternal 6 Months Deposit:	\$1,375.53	



Jose Heberto Alvarez-Lenis  
Reg # 62211-054  
Federal Correctional Complex  
P.O. Box 2000  
Joint Base MDL, NJ. 08640

United States District Court  
Southern District of New  
York  
500 Pearl Street  
New York, NY. 10007

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